STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93) Sta							Instructions and *Privacy tement on Reverse Side						Page 1 of 1 Pages				
CLAIMANT'S NAME  Cynthia Tuck							SSAN OR EMPLOYEE NUMBER *						DEPARTMENT Cal/EPA				
CB/ID NUMBER						On File DIVISION OR BUREAU						INDEX NUMBER					
Undersecretary							Office of the Secretary						TELEPHONE NUMBER				
1001 I Street						1001 I Street						STATE	916.324.3708 ZIP CODE				
Sacramento CA				95814	Sacramento			CA				95814					
	t-09	LOCATION	(4)	BREAK-	(5) MEALS	N/C, RELO	(6)	(A)	(7) (B)	(7) TRANSPORTATI		(D)	(8)	(9)			
(2)								2007.05		CARFARE	PRIVATE CAR USE						
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	INCIDEN- TALS	COST OF TRANS	TYPE	TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY			
9/29	9:30	Sacramento - Burbank			\$10.00	\$18.00		\$31.00	Т		16	\$8.80	\$6.59	\$74.39			
9/30													\$6.56	\$6.56			
10/1													\$30.74	\$30.74			
10/2													\$17.86	\$17.86			
10/3	14:30	Burbank - Sacramento		\$6.00	\$10.00			\$50.00	Т	\$45.00	16	\$8.80		\$119.80			
		AIRFARE (Not included in subto	tale or cla	im total)													
		7 THE THE (NOT MELAGED IN SUBTO		(0(0)													
(10)	SUBT	TOTALS	<u></u>	<u>I</u>	<u>I</u>	<u>l</u>	<u> </u>	<u>l</u>				<u> </u>		249.35			
	COLU	JMN CODE (ACCTG USE ONLY)															
		M TOTAL												249.38			
(11)	9/29-1	se of trip, remarks and details (attach receip 0/2 Participated in Governors' Globa	(12) N	(12) NORMAL WORK HOURS 8:00-5:00													
	Auto 9	Show.									(13) P	RIVATE VE	/EHICLE LICENSE NUMBER				
											(14) M		RATE CLAIMED				
(15)		BY CERTIFY That the above is a true statement California. If a privately owned vehicle was use									ALSI	0.55 - ки ту ді	cents	IS DEED E			
	vehicle 0753 an	was equal to or greater than the rate claimed, ar id 0754 pertaining to vehicle safety and seat hel	nd that I have	met the req		prescribed I	by SAM Sec	tions 0750,	0751, 0	752,	I						
CLAIMA	NT'S SIC	GNATURE		DATE		(16.) SIGN	NATURE OF	OFFICER	APPRO\	/ING TRAVEL A	ND PAY	MENT	DATE				
(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)											DATE						

		EXPENSE CLAIM 06/93) (CIWMB AUTOMATED 08/93)					ns and *P n Reverse				Page	1	of 1	Pages
CLAIMANT'S NAME						SSAN OR	EMPLOYEE			DEPARTMENT				
Cynthia Tuck							On File			Cal/EPA				
Undersecretary						DIVISION OR BUREAU Office of the Secretary						INDEX NUMBER		
1001 I Street							Street		-			TELEPHONE NUMBER 916.324.3708		
STATE ZIP CODE						CITY						STATE	ZIP CODE	
Sacramento CA				95814 (5) MEAL	Sacra	TRANSPORTATIO	ON	CA	(8)	95814				
( )	t-09	(-)			<b>√</b> -	N/C, RELO OR	(6)	(A)	(B) (C)		(D)		(0)	(0)
(2)		LOCATION WHERE EXPENSES		BREAK				COST OF	TYPE	CARFARE TOLLS,	PRIVATE CAR USE			TOTAL EXPENSES
DATE	TIME 17:00	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
10/9	21:00	SMF - UCD/Davis, CA											\$15.00	\$15.00
10/15	14:00	Sacramento - Fish Camp, CA	\$166.50										\$395.00	\$561.50
10/16	cont'd		\$166.50			\$18.00	\$6.00						\$2.00	\$192.50
10/17	cont'd		\$166.50			\$18.00	\$6.00							\$190.50
10/18	18:00	Fish Camp - Sacramento, CA			\$10.00			\$10.60	Т	\$28.38				\$48.98
10/22	9:30:0 0 AM 20:00	Sacramento - Fresno, CA				\$18.00								\$18.00
	20.00													
<u> </u>														
			\$499.50		\$10.00	\$54.00	\$12.00	\$10.60		\$28.38			\$412.00	
		AIRFARE (Not included in sub												
	CAR RENTAL \$355.00 (Not included in subtotals or in claim total)													1,026.48
(10)	SUBT	OTALS	uucu III su	Dioio	us OI III CI	ann tota	uj				<u> </u>	<u> </u>		1,020.40
	COLU	JMN CODE (ACCTG USE ONLY)												
	CLAIN	M TOTAL												1026.48
(11)		SE OF TRIP, REMARKS AND DETAILS (Attach red Bus. Exp. (\$15) registration for ever	ration fee	for confe	rence.	10/16 Bus.	(12) NORMAL WORK HOURS							
	Exp. () 10/18	<u>\$2) is charge for fax</u> I (\$10.60) is taxi from Enterprise re	8:00-5:00 (13) PRIVATE VEHICLE LICENSE NUMBER											
		Attended Aq/Environmental Science Attended State Bar Environmental	•			q sessior	nsire: Clir	mate Cha	nge, R	enewable	(14) MILEAGE RATE CLAIMED			
		y and Green Chemistry. 10/22 Atto	<u> </u>											
(15)	I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752,												IS DEEDCE	
CLAIMA	0753 an	d 0754 pertaining to vehicle safety and seat b GNATURE		DATE	•	-			-	NG TRAVEL AND	) PAYM	ENT	DATE	
(17.) SI	PECIAL E	EXPENSE AUTHORIZATION - SIGNATURE a	ind TITLE	(See I	tem 17 on re	verse)							DATE	